ASSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	(hel/		11-29-01
FEE DETERMINATION			11
O.I.P.E. CLASSIFIER	1293		12/5/0)
FORMALITY REVIEW	CH	1119	12-11-01
RESPONSE FORMALITY REVIEW	AIT	1071	03/13/02
		,	

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~	Rejected	N	Non-elected
	Allowed	1	Interference
	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

Claim Date	Claim Date	Claim Date
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If more than 150 claims or 10 actions staple additional sheet here